## **State of South Dakota Statement of Financial Interest Candidate for Public Office**

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Appendix F

File statement in the office where your nominating petition or convention nomination certification was filed. 

Please read information on reverse side before completing this form.
1. Name KAThy Wiles
2. Address 610 N Summit Aus Srock Falls 3D 57104
3. Office Sought SD State Sonate
4. What is your occupation/profession? Nurse Manager
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.  Augra — Wo (Kyty) — Employer  Husbaud — Husbaud — Fusbaud
State of South Dakota  County of Minico ka ka  SS.  Verification
I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.  (Signed)
Sworn to by ARTE Ahis HOF EMANAY of June , 20 12.  (Seal) SEAL SOUTH DAKOTA SEAL S
Revised 1997  Officer Administering Oath  My commission expires: 9/9/14